

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

|                          |  |                         |  |  |
|--------------------------|--|-------------------------|--|--|
| 1 Date of Request: _____ |  | 2 Serial/Patent # _____ |  |  |
|--------------------------|--|-------------------------|--|--|

| 3 Please refund the following fee(s):                        | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT         |
|--|----------------|--------------|------------------|
| <input checked="" type="checkbox"/> Filing <i>Fee Change</i> |                |              | \$ <i>100.00</i> |
| <input type="checkbox"/> Amendment                           |                |              | \$               |
| <input type="checkbox"/> Extension of Time                   |                |              | \$               |
| <input type="checkbox"/> Notice of Appeal/Appeal             |                |              | \$               |
| <input type="checkbox"/> Petition                            |                |              | \$               |
| <input type="checkbox"/> Issue                               |                |              | \$               |
| <input type="checkbox"/> Cert of Correction/Terminal Disc.   |                |              | \$               |
| <input type="checkbox"/> Maintenance                         |                |              | \$               |
| <input type="checkbox"/> Assignment                          |                |              | \$               |
| <input type="checkbox"/> Other                               |                |              | \$               |

|  |                          |                  |
|--|--------------------------|------------------|
|  | 7 TOTAL AMOUNT OF REFUND | \$ <i>100.00</i> |
|--|--------------------------|------------------|

|  |   |    |  |    |  |  |  |  |
|--|---|----|--|----|--|--|--|--|
| 10 REASON:   | 8 TO BE REFUNDED BY: <i>CC</i>  |    |  |    |  |  |  |  |
| <input checked="" type="checkbox"/> Overpayment    | <input type="checkbox"/> Treasury Check   |    |  |    |  |  |  |  |
| <input type="checkbox"/> Duplicate Payment         | <input type="checkbox"/> Credit Deposit A/C #:  |    |  |    |  |  |  |  |
| <input type="checkbox"/> No Fee Due (Explanation): | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |    |  | -- |  |  |  |  |
|  |   | -- |  |    |  |  |  |  |

|  |  |
|--|--|
|  |  |
|--|--|

|   |                                       |
|---|---------------------------------------|
| 11 REFUND REQUESTED BY: _____                         |                                       |
| TYPED/PRINTED NAME: <i>Rita White</i>                 | TITLE: <i>Legal Assistant/Manager</i> |
| SIGNATURE: <i>Rita White</i>                          | PHONE: <i>7/308-9140 ext. 231</i>     |
| OFFICE: <i>DO/EO</i>                                  |                                       |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                       |
| APPROVED: _____                                       | DATE: _____                           |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*